
COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As below named inventors, we hereby declare that:

TYPE OF DECLARATION

This declaration is for a utility application.

INVENTORSHIP IDENTIFICATION

Our residences, post office addresses and citizenships are as stated below, next to our names. We believe that we are the original, first and joint inventors of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

MAGNETIC FOOT THERAPEUTIC APPARATUS, the specification of which is attached hereto

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Donald M. Cislo, Esq.	22,060
Charles H. Thomas, Esq.	25,710
Daniel M. Cislo, Esq.	32,973
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Thomas A. Dougherty, Esq.	51,214

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND FOLLOW INSTRUCTIONS FROM REPRESENTATIVE

The undersigned to this declaration and power of practitioner hereby authorizes the U.S. practitioner(s) named herein to accept and follow instructions from:

Daniel M. Cislo, Esq.
Cislo & Thomas LLP
233 Wilshire Boulevard, Suite 900
Santa Monica, California 90401-1211

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. practitioner(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. practitioner(s) will be so notified by the undersigned.

SEND CORRESPONDENCE AND DIRECT TELEPHONE CALLS TO:

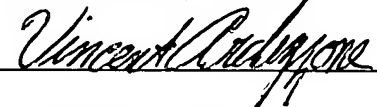
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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

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